

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR 10 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

DOCUMENT # P07000050964

1. Corporation Name

BLACK DIAMOND INTERNATIONAL, INC

2. Principal Office Address - No P.O. Box #

4720 SALIBURY ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

4720 SALISBURY ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32256

Country

US

Zip

32256

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/07

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BENNET ADJAI

Street Address (P.O. Box Number is Not Acceptable)

4720 SALISBURY ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32256

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Bennet Adjai

REGISTERED AGENT MUST SIGN

Date **3/10/09**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	BENNET ADJAI	4720 SALISBURY ROAD	JACKSONVILLE, FL 32256
CFO	JULIET ADJAI	4720 SALIBURY ROAD	JACKSONVILLE, FL 32256

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Bennet Adjai

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/09

Date

Daytime Phone #

800 145 389 558
03/10/09--01009--029 **300.00

CR2E081 (12/07)

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